PRINTED: 05/08/2012 FORM APPROVED

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				A. BUILDING B. WING					
		N019001	Т			05	/03/2012		
NAME OF PR	ROVIDER OR SUPPLIER			RESS, CITY, STA					
ARMA CARE CENTER LLC			605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712						
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
S1000 SS=E	S1000 SS=E (C) The facility shall provide visual and audible signals in clean and soiled workrooms and in the medication preparation rooms. Any facility constructed before May 1, 1982 shall not be required to provide audible signals in clean and soiled workrooms and medication preparation rooms. (D) In multi-corridor units, the facility shall install additional visible signals at corridor intersections if the facility was constructed after February 15, 1977. This REQUIREMENT is not met as evidenced by: The facility reported a census of 32 residents. Bases on observation and interview, the facility failed to provide a fully functioning call light system in 2 of 2 soiled utility rooms.			S1000					
	Findings include;								
- During the environmental tour, on 5/1/12, at 10:30 A. M., the call light system failed to function properly on the west and east hallways, in the soiled utility rooms;			nction						
	West hallway:								
	1.) In the soiled utility failed to sound and/o	y room, the call light ind or light.	icator						
	East hallway:								
	In the soiled utility function with sound controls	y room, call light failed to or light.	0						
	On 5/2/12 at 10:30 A	. M., maintenance staff	Н,						
	I						l		

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
N019001				B. WING		0.5/	05/03/2012		
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	ET ADDRESS, CITY, STATE, ZIP CODE					
ARMA CA	RE CENTER LLC		605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
S1000	Continued From page 1			S1000					
	reported, " I check the call lights every week. I did not write this down. I am aware the call lights are not lighting in the panel at the desk."								
	The facility failed to maintain a fully functioning call light system to a alert staff in the soiled utility rooms, when the residents required assistance.								